

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
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TOTAL IND.	9			
TOTAL DEP.	C	↔	↔	↔
TOTAL CLAIMS	15			

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IND.	DEP.	IND.	DEP.	IND.
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100				
TOTAL IND.		↔	↔	↔
TOTAL DEP.		↔	↔	↔
TOTAL CLAIMS				